



**Application for
 Certified Peer Specialist Training**
 DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
 195 N. 1950 W.
 Salt Lake City, UT 84116

APPLICANT'S NAME

TO BE COMPLETED BY DSAMH

Date application reviewed:

Referred to Supervisor? ☐ Yes ☐ No

☐ Approved ☐ Denied

Please Type or Print Clearly. All sections must be completed for the application to be processed.
 The information you provide on this page will be shared with the Division of Substance Abuse and Mental Health designated for the purpose of enrollment into the Certified Peer Specialist (CPS) Training.

Demographic Information

APPLICANT'S NAME	LAST	FIRST	MIDDLE INITIAL	DAYTIME TELEPHONE NUMBER
MAILING ADDRESS				CELL NUMBER OR PAGER
CITY	STATE	ZIP CODE	COUNTY	
EMAIL ADDRESS			HIGHEST LEVEL OF EDUCATION COMPLETED	
PRIMARY LANGUAGE SPOKEN AT HOME		OTHER LANGUAGES (INCLUDING AMERICAN SIGN LANGUAGE)		

Self Identifying

“Consumer” means:

☐ A person, who has applied, is **eligible** for or has received mental health services. (Current/Past)

I agree that I am a “consumer” based on the definition above and I am 18 years of age or older.

Experience

BRIEFLY DESCRIBE YOUR CURRENT/PAST EXPERIENCES THAT MAKE YOU A GOOD CANDIDATE FOR CPS TRAINING.

VOLUNTEER CURRENT ☐ PAST ☐ EMPLOYED CURRENT ☐ PAST ☐
☐ Full time ☐ Part time ☐ No ☐ Full time ☐ Part time ☐ No

VOLUNTEER ORGANIZATION/EMPLOYER NAME (IF APPLICABLE) OR VA AFFILIATION

TITLE OF CURRENT POSITION AND LENGTH OF EMPLOYMENT/VOLUNTEER WORK

CONTACT TELEPHONE NUMBER

Please provide two or three letters of reference (personal, volunteer or employer). Please attach to the application or references may be submitted by fax at 801-538-4696 ATTN: Christy Wixom

<p>Successful applicants will demonstrate:</p> <ul style="list-style-type: none"> • They are well grounded in their own recovery for at least one year; • Qualities of leadership, including governance, advocacy, creation, implementation or facilitation of peer-to-peer groups or activities. <p>Please answer the following questions to demonstrate that you meet the above requirements for successful applicants.</p> <p>Your answers may be typed or handwritten. Attach a separate sheet of paper if additional space is needed.</p> <p>Confidentiality Statement: The information provided below will be treated as confidential. The information will be available to authorized DSAMH Staff and Peer Support Specialist Task Force members ONLY for consideration of class enrollment.</p>	
<p>1. Why are you applying to attend training for certification as a peer specialist? Please describe your short-term and long-term goals related to certification as a peer specialist.</p>	
<p>2. Applicants must be in active recovery for at least one year. Please provide your experiences that aided in your recovery process.</p>	
<p>3. Applicants must demonstrate qualities of leadership including advocacy, creation, implementation or facilitation of peer-to-peer groups or activities. Describe activities where you demonstrated those qualities.</p>	
<p>4. Peer support specialists must be willing to share their story of recovery for the benefit of others. Please explain how you have shared your personal story to assist others.</p>	
<p>Please sign and date below to indicate your understanding of each of the following:</p> <p>I certify that I have personal experience as a consumer of mental health services.</p> <ul style="list-style-type: none"> • If I am chosen as a training participant, I understand that I am responsible for funding my own registration fee, travel, hotel accommodations, and meals unless otherwise specified. • I understand that training slots are limited and therefore submission of this application does not guarantee admission. • I understand that I must successfully pass a written exam within two months of completing the 40 hours of classroom training. • I understand that certification as a peer support specialist does not guarantee employment. 	
<p>Equal Opportunity Statement</p>	
<p>The Division of Substance Abuse and Mental Health provides equal opportunity for all applicants regardless of race, color, creed, religion, national origin, sexual orientation, veteran status, gender, disability status or age.</p>	
<p>SIGNATURE</p>	<p>DATE</p>

Remember to sign and date this page of the Application of Certified Peer Specialist Training.

Return your completed application and letter of recommendation to:

Department of Human Services

Division of Substance Abuse & Mental Health (DSAMH)

ATTN: Christy Wixom

195 North 1950 West

Salt Lake City, UT 84116

Phone 801-538-3918 or Fax 801-538-4696